NATIONAL MISSING PERSONS PROGRAM
University of North Texas Center for Human Identification, 3500 Camp Bowie, Fort Worth, TX 76107
1-800-763-3147, www.untchi.org

Unidentified Human Remains Submission Form

| | 2 , 4 , 5 and 6 | are required for s | le (shaded areas will be completed by UNTCHI submission. Omission of required information | UNTCHI Case No. | | |
|--|--|---|--|-------------------------------|--|--|
| submission for | nthropolog ting remains for m any investigat | Forensic Anthropologi tive reports, scene desc | gical analysis, please submit all of the skeletal elements that criptions, scene photographs, and maps. If you have questio ory of Forensic Anthropology directly at (800) 279-1339. | | | |
| ☐ DNA Analysis (nuclear, mtDNA and/or Y-STRs) and CODIS entry (if applicable) Note: Type of DNA Analysis will be case dependent and determined by a qualified analyst | | | | | | |
| 2. SUBMITTING | AGENCY | | | | | |
| Agency: | | | Agency Case No: | | | |
| Address: | | | NCIC No: | | | |
| | | | NamUs UP No: | | | |
| Contact Name: | | | Phone No: | | | |
| | | | Fax No: | | | |
| | | | | | | |
| | | | Required for return shipment of re | mains | | |
| 3. INVESTIGATING AGENCY Complete this section if the investigating agency is different from above | | | | | | |
| Agency: | | | Agency Case No: | | | |
| Address: | | | | | | |
| | | | | | | |
| | | | | | | |
| Contact Name: | | | Phone No: | | | |
| | | | Fax No: | | | |
| 4. EVIDENCE SUBMITTED Attach additional paperwork if needed | | | | | | |
| UNTCHI SAMPLE NO. | 1 | QUANTITY | DESCRIPTION | | | |
| | | | | | | |
| | | . | | | | |
| | | . | | | | |
| | | | | Additional paperwork attached | | |
| 5. CHAIN OF CUSTODY | | | | | | |
| | | | | | | |
| Released by: | | Signature | Printed Name | Date & Time Released | | |
| Shipped by: | | | | | | |
| Spped by. | | Shipping Compa | any Trackir | g Number | | |
| Received by: | | | | | | |
| (For UNTCHI Use Only) | | Signature | Printed Name | Date & Time Received | | |

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| 6. | UNIDENTIFIED HUMAN REMAINS RELATED INFORMATION | | | | | | |
|----|--|---------------------------|--|--|--|--|--|
| | Date Remains Found: | | | | | | |
| | Location Remains Found (include City/County and State): | | | | | | |
| | Are dental records available for the remains? | | | | | | |
| | Was the whole body or complete skeleton found? \square Yes \square No | | | | | | |
| | If Known: Age: Sex: Female Male Race: | Height: | | | | | |
| | UNT Center for Human Identification REQUIRES that a descriptive forensic report(s) be included with the submission of anthropological analysis has been requested). Acceptable reports include: Medical Examiner, Coroner, Forensic Anth Pathologist reports. The submission of investigative reports is encouraged. Please indicate the reports included with | ropologist, or Forensic | | | | | |
| | ☐ Medical Examiner or Forensic Pathologist ☐ Investigator (Sheriff, Police Depart | ment, etc.) | | | | | |
| | ☐ Forensic Anthropologist ☐ Forensic Odontologist | | | | | | |
| | Note: The information contained in these reports is often critical in the CODIS identification process. These reports are documents related to the case. | e treated as confidential | | | | | |
| 7. | 7. ASSOCIATED CASE INFORMATION Complete this section if there is information regarding the potential identity of the unidentified remains | | | | | | |
| | Name of Missing Person: | Middle | | | | | |
| | | | | | | | |
| | (for the missing person's case) | | | | | | |
| | NamUs MP No: NCIC No: | | | | | | |
| | Have reference samples for the missing person been previously submitted to CODIS? Yes No | | | | | | |
| | If yes, were reference samples submitted to UNTCHI? Yes, UNTCHI Case No: | | | | | | |
| | Are reference samples being submitted at the same time as this unidentified remains sample? | Yes No | | | | | |
| | NOTE: Family reference samples should be packaged separately and submitted with the appropr | iate submission form. | | | | | |
| 8. | ADDITIONAL INFORMATION Include any important details related to this case which may assist UNTCHI | | | | | | |
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| 9. | SHIPPING AND CONTACT INFORMATION | | | | | | |
| | Submit this form with the sample. Evidence items must be shipped using a carrier which can track the shipment (FedEx, UPS, DHL, etc). Overnight shipping is recommended and biodegradeable samples must be packaged appropriately. For shipping questions or assistance with this form, contact Evidence Control at (800) 763-3147 or missingpersons@unthsc.edu. | | | | | | |
| | Shipping Address: University of North Texas Center for Human Identification | | | | | | |
| | Dept. of Forensic and Investigative Genetics, CBH 6th Floor 3500 Camp Bowie Blvd. | | | | | | |
| | Fort Worth, TX 76107 | | | | | | |
| | | UNTCHI Case No. | | | | | |

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